

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF:

Huang, *et al.*

APPLICATION No.: Unassigned

FILED: Concurrently Herewith

FOR: NEUTRAL-CATIONIC LIPID FOR SYSTEMIC
DELIVERY OF FACTOR VIII GENE

EXAMINER: Unassigned

ART UNIT: Unassigned

22859 U.S. PTO
10/786747
022504Transmittal of Continuation-in-Part Patent Application
for Filing Under 37 CFR §1.53(b)

Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir: Transmitted herewith for filing is a patent application by inventor(s): Shi-Kun Huang, Bei Jin, Weiming Zhang, Yolanda Quinn, and Samuel Zalipsky, and entitled:

NEUTRAL-CATIONIC LIPID FOR SYSTEMIC DELIVERY OF FACTOR VIII GENE1. Enclosed are:

- ☒ One stamped, self-addressed postcard for PTO datestamp
- ☒ Certificate of Express Mail
- ☒ One utility patent application containing text pages 1-32 and
 - ☒ 12 Sheets of drawings
- ☒ Executed Declaration of Inventorship from parent application no. 60/294,011

2. Extension of Time

- ☒ Conditional Petition for Extension of Time: An Extension of Time is requested to provide for timely filing *if* required to establish copendency with the parent after all papers filed herewith have been considered.

3. U.S. Priority

- ☒ The application is a continuation of U.S. Application No. 10/161,420 filed May 28, 2002, now pending, which claims the benefit of U.S. Application No. 60/294,011 filed May 29, 2001, now abandoned; and is a continuation-in-part of U.S. Application No. 09/685,940 filed October 10, 2000, now pending, which claims the benefit of U.S. Application No. 60/158,693 filed October 8, 1999, now abandoned.

4. Entity Status

☒ Large entity status applies to this application.

5. Fees

The filing fee has been calculated as follows:

For:	(Col. 1) No. Filed	(Col. 2) No. Extra	Small Entity			Other Than a Small Entity	
			Rate	Fee		Rate	Fee
Basic Fee				\$385.00	or		\$770.00
Total Claims	33 - 20	13	x \$ 9 =	\$	or	x \$ 18 =	\$234.00
Independent Claims	3 - 3	0	x \$43 =	\$	or	x \$ 86 =	\$
<input type="checkbox"/> Multiple Dependent Claim Presented			+ \$145 =	\$	or	+ \$290 =	\$
*If the difference in Col. 1 is less than zero, enter "0" in Col. 2.			TOTAL	\$	or	TOTAL	\$1004.00

☒ A check in the amount of \$1004.00 is enclosed to cover the Filing Fee. The Commissioner is hereby authorized to charge any deficiency in fees under 37 CFR 1.16 and 1.17 to Deposit Account No. 50-2207.

Respectfully submitted,

Date: 2/25/04

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